

Fund for Southern Communities

Check Request Form

(For reimbursement or payment)

Date: **May 5, 2008**

03/06/2007

Form Updated

Payee Name: **ZAMI**

Organization:

Address: **P.O. Box 2502**

City: **Decatur** State: **GA** Zip: **30031**

Pay By: **May 15, 2008**

Invoice Date	Invoice # (if available)	Description	Amount Each	Quantity	Total	Account Charged
		Zami balance payout	\$1,247.29	1	\$1,247.29	Rest- ZAMI
Grand Total:					\$1,247.29	

I certify that the information on this form is true and correct as to the best of my knowledge.

Mary Jane Adams
Signature of Person Requesting Check

5/5/08
Date

Signature of Person Approving Request

Date

Special Instructions:

Please attach appropriate receipts or documentation (invoice, contract, agreement, etc.) to this form.

